

EXECUTIVE SUMMARY

This final report describes the integrated results of a family of studies of the substance use disorder treatment needs of Montana's citizens, especially those who are most in need of services. Employing funds from the Federal Center for Substance Abuse Treatment (CSAT), State officials contracted with the National Technical Center (NTC) of the North Charles Research and Planning Group (NCRPG) to conduct this study. This study made use of the needs assessment and resource data collected by the State to create an integrated treatment services plan for Montana. The study also used estimated from the National Household Survey on Drug Abuse, estimates from NCRPG's own resources, and interstate data collected by NCRPG. The plan is the model for a systematic assessment of the current needs and resources and the goals for the treatment system as Montana enters the new millennium.

This comprehensive planning study included a series of substudies designed to develop a statewide treatment need total that captures the entire population, suggest where any new services should be committed, and help ascertain what types of services are most needed. This process involved the following steps: a conference call with key State officials, a review of prior plans and related studies, analysis of social indicator data, analysis of interstate data on needs and services comparing Montana to other states, an analysis of needs and resources to identify gaps in amount of services, types of services, and location of services, and an analysis of steps that may be taken to close the gaps in the amount, type and location of services in order to meet the needs of Montana's population in the most cost-effective manner possible.

To estimate the absolute number of persons in Montana who had a substance use disorder in 2000, the study combined estimates of treatment need for adults (18 to 65) in households with telephones, adolescents in households with telephones, persons 12 and older living in households without telephones, recently incarcerated prisoners, and homeless people. Applying these estimates to population statistics for 2000 resulted in an estimated total of 60,826 people with a current substance use disorder in Montana. Alcohol is by far a more severe problem than drugs in Montana, across age and gender and for each of the population subgroups studied here. Data collected from state certified treatment facilities indicated that 3,763 people received treatment for a substance use disorder in Montana last year. As such, about 6.2% of people in need of treatment received it at a state certified facility. Results from the household survey suggested that additional people in need of treatment do receive it, either from a doctor or some other informal type of treatment.

The interstate comparison showed that Montana has a greater need for substance use disorder treatment than most of the county. Montana ranked 11th among the 50 states in an index that gauges the severity of a state's need for drug and alcohol treatment relative to all other states. The index was

constructed using need indicators including arrest and mortality data. As was the case with the total state wide need estimate, the high index score was driven by a high rate of alcohol use disorders among Montanans. Montana's rank in the alcohol component of the index was high, while the need for drug treatment services was moderate. A high ranking in that substance abuse treatment need index indicated that the amount of services delivered relative to the number of those in need of treatment is low in Montana.

Analysis of the geography of treatment need revealed that rural areas have the greatest need for treatment services in Montana. This analysis used the substance use disorder treatment need index cited above as the independent variable in a regression with total treatment admissions as the only dependent variable. This allowed the authors to observe the disparity between treatment need and treatment services delivered at the county level. The analysis showed that urban areas in Montana do not experience a wide gap in treatment need and services, whereas many rural areas do. Toole County had the highest score in an intrastate index of need indicators and also had the widest gap between treatment need and treatment services delivered. If new services are to be made available, the State should target them to rural areas where the need for treatment for substance use disorders, especially alcohol use disorders, is grave.

The study estimated that a large number of Montanans that have a need for treatment of a substance use disorder, but did not receive it in the last year would like to receive treatment. This is referred to as "unmet demand", and the study showed that the number of people with a demand for treatment in Montana may be twice the number who received treatment last year. If that is the case, it is important that the State increase services in order to ensure that all of those who want treatment receive it. Evidence from the household telephone survey, which encompassed most of the population studied here, suggested that the level of treatment required by those with a demand for treatment is typically high. That implied that residential, rather than outpatient care is needed. Evidence from the Montana prisoner study corroborated this.

There are, then, a large number of people in Montana in need of treatment for a substance use disorder. This study attempts to state that number more precisely, determine where additional treatment services are needed, and to suggest what types of services must be offered to those that seek treatment. This final report first analyzes national trends and Montana's standing relative to other states in terms of treatment in order to focus and contextualize the state level material. Each component of the state wide need total is discussed in depth and recommendations are made based on the findings of those chapters and the Gap Analysis.

In addition to expanding the amount of services available, the State may wish to consider programming directed towards increasing the proportion of persons in need who actually seek treatment. The persons who said that they wanted treatment, especially in high-risk groups such as prisoners-to-be and homeless people, appeared to need relatively high levels of care, mostly residential

and hospital treatment at the onset of treatment. Many of the household residents who wanted treatment appear to need intensive outpatient treatment to initiate treatment. Improved location of future services in accordance with the indicators of unmet need, especially in rural areas, may be a key step for increasing the demand for treatment. Several administrative changes, such as reducing red tape and having hours that are convenient for working persons, could make a difference. To increase access to treatment in rural areas, especially for youth, the State may wish to investigate the feasibility and efficacy of online counseling. Analysis of survey data from other states indicated that adolescents obtain a large proportion of treatment services from nonspecialty providers (e.g., clergy, school health counselors, general psychological counselors, and social workers). An important consideration for youth and residents of small towns is the stigma attached to obtaining treatment services from specialty providers. Of course, attention to cultural issues and identification is important for American Indians.